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| 2303-001 | Application Fee | \$ 25 |
| 2303-001 | Premises Inspection Fee | 200 |
| 2303-006 | State Reg Fee | 10 |
| | Sub-Total | \$235 |
| 2303-001 | Premises Permit Fee | 160 |
| | Total | \$395 |

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TN 37243

TENNESSEE BOARD OF VETERINARY MEDICAL EXAMINERS
(615) 532-5090 or 1-800-778-4123 ext.5325090
<http://tn.gov/health/topic/vet-board>

VETERINARY FACILITY PREMISES PERMIT APPLICATION

INSTRUCTIONS

1. Complete this application, have it notarized, and mail it to the above address.
2. Enclose a check or money order payable to the Tennessee Board of Veterinary Medical Examiners .
Fee: \$235 (Veterinarian Owned) or \$395 (Non-Veterinarian Owned) **All application fees are non-refundable.**

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|-------------------|--------------------|----------------------|
| Name of Facility: | Fax Number: () | Phone Number: () |
|-------------------|--------------------|----------------------|

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|-------------------|--------|------|-------|----------|
| Facility Address: | Street | City | State | Zip Code |
|-------------------|--------|------|-------|----------|

| | | |
|-----------------|----------------|----------------------|
| Practice Owner: | Email Address: | Phone Number: () |
|-----------------|----------------|----------------------|

| | | | | |
|----------|---------------------|------|-------|----------|
| Address: | Street/P.O. Box/RR# | City | State | Zip Code |
|----------|---------------------|------|-------|----------|

| | | | |
|---------------------------|----------------|------------|----------------------|
| Supervising Veterinarian: | Email Address: | License #: | Phone Number: () |
|---------------------------|----------------|------------|----------------------|

| | | | | |
|----------|---------------------|------|-------|----------|
| Address: | Street/P.O. Box/RR# | City | State | Zip Code |
|----------|---------------------|------|-------|----------|

Circle Type of Business Entity

Circle Type of Practice

Circle Type of Facility

Veterinarian - (sole proprietorship)
Veterinarian - (partnership)
Partnership - (any partner not a licensed vet)
Corporation or other similar organization
Limited Liability Company

Large Animal
Small Animal
Mixed
Emergency
Other _____

Animal Medical Center
Clinic
Hospital
Mobile Facility
Retail Establishment

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|-------------------------|---------------|
| Directions to Facility: | Office Hours: |
|-------------------------|---------------|

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|------|
| Mon. |
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| Tues. |
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| Wed. |
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| Thurs. |
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| Fri. |
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|------|
| Sat. |
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|---|---------------------|----------------------|-------|----------|
| List <u>All</u> Practice Owners/Shareholders (attach list if necessary) | | | | |
| Name: | | Phone Number: () | | |
| Address: | Street/P.O. Box/RR# | City | State | Zip Code |
| Name: | | Phone Number: () | | |
| Address: | Street/P.O. Box/RR# | City | State | Zip Code |
| Name: | | Phone Number: () | | |
| Address: | Street/P.O. Box/RR# | City | State | Zip Code |
| Name: | | Phone Number: () | | |
| Address: | Street/P.O. Box/RR# | City | State | Zip Code |
| List <u>All</u> Veterinarians Practicing In Facility: (attach list if necessary) | | | | |
| Name: | | Lic # | | |
| Address: | Street/P.O. Box/RR# | City | State | Zip Code |
| Name: | | Lic # | | |
| Address: | Street/P.O. Box/RR# | City | State | Zip Code |
| Name: | | Lic # | | |
| Address: | Street/P.O. Box/RR# | City | State | Zip Code |
| Name: | | Lic # | | |
| Address: | Street/P.O. Box/RR# | City | State | Zip Code |
| List <u>All</u> Veterinary Technicians Employed By Facility: (attach list if necessary) | | | | |
| Name: | | Lic # | | |
| Address: | Street/P.O. Box/RR# | City | State | Zip Code |
| Name: | | Lic # | | |
| Address: | Street/P.O. Box/RR# | City | State | Zip Code |
| Name: | | Lic # | | |
| Address: | Street/P.O. Box/RR# | City | State | Zip Code |
| Name: | | Lic # | | |
| Address: | Street/P.O. Box/RR# | City | State | Zip Code |

TO BE COMPLETED BY THE FACILITY SUPERVISING VETERINARIAN

I, _____, D.V.M., of _____
(Supervising Veterinarian's Name) (City) (State)

affirm that I hold a valid and current license to practice veterinary medicine in Tennessee and that I am the supervising veterinarian for the facility listed on page one (1) of this application.

I affirm that no veterinary medical services shall be provided without the responsible supervision of a veterinarian licensed in Tennessee.

I affirm that I am accountable to the Board of Veterinary Medical Examiners for this facility's compliance with all state statutes and regulations governing the practice of veterinary medicine in Tennessee.

I affirm that I will notify the Board of Veterinary Medical Examiners at least thirty (30) days prior to the effective date of any change in my status as the supervising veterinarian for this facility or any change in the veterinarians practicing at this facility as listed on page two (2) of this application.

I hereby authorize release, use and disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary.

THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF SUPERVISING VETERINARIAN

DATE

Sworn to before me this _____ day of _____, _____.

NOTARY PUBLIC

Affix Seal Here

My Commission expires _____